

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10-049,737</i>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	2						55					
6	(1)						56					
7	(1)						57					
8	(1)						58					
9	(1)						59					
10	(1)						60					
11	(1)						61					
12	(1)						62					
13	(1)						63					
14	(1)						64					
15	(1)						65					
16	(1)						66					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	15	↔		↔		↔	TOTAL DEP.					
TOTAL CLAIMS	17						TOTAL CLAIMS					